

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/009054

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	/			
5	/			
6	/			
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27	/			
28	/			
29	2			
30	2			
31	2			
32	2			
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37				
38				
39				
40				
.1				
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6				
7				
8				
9				
0				
TOTAL	1			
TOTAL	33			
ALL AMEND. IMGS				

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51				
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TOTAL DEP.				
TOTAL CLAIMS				